$\boxtimes$	Please charge my Deposit Account No	. 500417 in the amount	of \$790.00.	A duplicate
	copy of this sheet is enclosed.			

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 500417. A duplicate copy is enclosed.
  - Any additional filing fees required under 37 CFR 1.16.
- The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 500417. A duplicate copy of this sheet is enclosed.

Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Michael E Togarty Registration No. 36,139

600 13<sup>th</sup> Street, N.W. Washington, DC 20005-3096 (202) 756-8000 MEF:mcw Facsimile: (202) 756-8087

Date: August 4, 2003

**CUSTOMER NUMBER 20277** 

Docket No.: 56937-083

## UTILITY PATENT APPLICATION UNDER 37 CFR 1.53(b)

Mail Stop Utility
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:



Transmitted herewith for filing is the patent application of:

INVENTOR: Futoshi AMANO, Takamitsu KOUCHI, Hisao KOBAYASHI

FOR: ANTI-MALFUNCTION MECHANISM FOR VARIABLE OUTPUT DEVICE

Enclos	ed are:					
$\boxtimes$	32 pages of specification, claims, abstract.					
$\boxtimes$	Declaration and Power of Attorney.					
$\boxtimes$	Priority Claimed.					
	Certified copy of Japanese Patent Application No. P2002-229769					
$\boxtimes$	9 sheets of formal drawing.					
$\boxtimes$	An assignment of the invention to MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD.					
	and the assignment recordation fee.					
	An associate power of attorney.					
	A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.					
	Information Disclosure Statement, Form PTO-1449 and reference.					
$\boxtimes$	Return Receipt Postcard					
The fil	ing fee has been calculated as shown below:					

	NO. OF		EXTRA		
10 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CLAIMS		CLAIMS	RATE	AMOUNT
Total Claims	11	-20	0	\$18.00	\$0.00
Independent Claims	2	-3	0	\$84.00	\$0.00
	\$0.00				
	\$750.00				
	\$750.00				
	\$0.00				
	\$40.00				
TotaliFee					\$7,90.00